

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 2/10/2009)

See Instructions and *Privacy
Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Lloyd Throne

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

Community Services and Development

POSITION

CB/ID NO.

DIVISION OR BUREAU

INDEX NUMBER / PCA

Director

Executive

0400/50010

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

2389 Gateway Oaks Drive, Ste. 100

576-7113

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Sacramento,

CA

95833

(1) MONTH / YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDEN- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) Feb, Mar 2010				Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	(C) Carfare. Tolls, Parking	(D) Private Car Use			
DATE	TIME										Miles	Amount		
2/2	1400	Sacramento						PC	10.00	3	1.50		\$11.50	
2/16	1630	Sacramento						PC	10.00	3	1.50		\$11.50	
2/25	1130	Sacramento						PC	10.00	3	1.50		\$11.50	
3/2	1430	Sacramento						PC	4.50	3	1.50		\$6.00	
3/4	1530	Sacramento						PC	10.00	3	1.50		\$11.50	
3/8	1400	Sacramento						PC	10.00	3	1.50		\$11.50	
3/22	1000	Sacramento						PC	10.00	3	1.50		\$11.50	
3/22	1430	Sacramento						PC	4.50	3	1.50		\$6.00	
3/25	1400	Sacramento						PC	10.00	3	1.50		\$11.50	
3/30	1000	Sacramento						PC	10.00	3	1.50		\$11.50	
											0.00		\$0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00			89.00	30	15.00	0.00	\$104.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	104.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

2/2, 2/16, 2/25 - Meetings - Parking - Lost Receipts

3/4, 3/8, 3/22, 3/25, 3/30 - Meetings - Parking - Lost receipts

(12) NORMAL WORK HOURS

0800-1700

(13) PRIVATE VEHICLE LICENSE #

6U83317

(14) MILEAGE RATE CLAIMED

0.500

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

312-159620

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT

DATE

ND PAYMENT

DATE

17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)

DATE